

In re Application of:

Alistair William McLean, et al.

Application No.: 09/986,814

Filed: November 13, 2001

For: FILTER BASED AUTHORIZING TOOL

Docket No.

01263.001726.

Examiner: Le V. Nguyen

Group Art Unit: 2174

Date: January 21, 2009 (Wednesday,
after federal holidays)

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 21	MINUS	** 117	= 0	x \$26 \$52	\$0.00
INDEP. CLAIMS	* 3	MINUS	*** 6	= 0	x \$110 \$220	\$0.00
Fee for Multiple Dependent claims \$195°/\$390						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

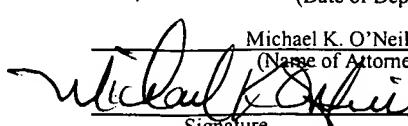
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first-class mail in an envelope
addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria,
VA 22313-1450 on

January 21, 2009
(Date of Deposit)

Michael K. O'Neill, (Reg. No. 32,622)
(Name of Attorney for Applicants)


Signature January 21, 2009
Date of Signature

Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

Charge \$_____ to Deposit Account No. 06-1205.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.

A check in the amount of \$ 130.00 to cover the fee for a One month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Michael K. O'Neill
Attorney for Applicants
Registration No.: 32,622

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

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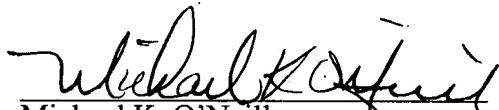
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